	UNITED ST	for the	ISTRICT COURT
		District	of
	Plaintiff V. Defendant))))	Case No.
	APPI	EARANCE O	F COUNSEL
To:	The clerk of court and all parties of recor	d	
	I am admitted or otherwise authorized to	practice in this	s court, and I appear in this case as counsel for:
Date:			Attorney's signature
			Printed name and bar number
			Address
			E-mail address
			Telephone number

FAX number